

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10709435	FILING DATE 11/31/05
							APPLICANT(S)	
11/31/05 CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1		1		61	
2				1		1	62	
3							63	
4				1		1	64	
5				1		1	65	
6							66	
7				5		5	67	
8				5		5	68	
9				5		5	69	
10							70	
11							71	
12							72	
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30							90	
31							91	
32							92	
33							93	
34							94	
35							95	
36							96	
37							97	
38							98	
39							99	
40							100	
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.			1		1		TOTAL IND.	
TOTAL DEP.				19		19	TOTAL DEP.	
TOTAL CLAIMS				20		20	TOTAL CLAIMS	